	ITION FOR EXTENSION OF TIME UNDER 3	Docket Number (Option	Docket Number (Optional)	
FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			040184-000300US	
Application Number 10/534,657			Filed January 27, 2006	
For	RECOMBINANT VITELLOGENIN ENRICHED FEI	ED		
Art U	Unit 1633		Examiner Kevin Kai Hill	
	s a request under the provisions of 37 CFR 1.136 (cation.	(a) to extend the p	eriod for filing a reply in	the above identified
The r	equested extension and fee are as follows (check	time period desire		
		<u>Fee</u>	Small Entity Fee	
	One month (37 CFR 1.17(a)(1))	\$120	\$60	\$
	Two months (37 CFR 1.17(a)(2))	\$460	\$230	\$_230
	Three months (37 CFR 1.17(a)(3))	\$1050	\$525	\$
	Four months (37 CFR 1.17(a)(4))	\$1640	\$820	\$
	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115	\$
$\boxtimes$	Applicant claims small entity status. See 37 CFR	R 1.27.		
	A check in the amount of the fee is enclosed.			
П	Payment by credit card. Form PTO-2038 is attached.			
$\overline{\Box}$	The Director has already been authorized to charge fees in this application to a Deposit Account.			
$\square$				
_	Deposit Account Number 20-1430 I have enclosed a duplicate copy of this sheet.  WARNING: Information on this form may become public. Credit card information should not be included on this form.			
	WARNING: Information on this form may become publi Provide credit card information and authorization on P	ic. Credit card inform TO-2038.	nation should not be inclu	ided on this form.
I am the applicant/inventor.				
	assignee of record of the entire Statement under 37 CFR 3.			
	attorney or agent of record. Re-	gistration Number	57,471	
	attorney or agent under 37 CFR Registration number if acting ur			_
	Gone H. Yee February 15, 2008			
	Signature		Date	
	Gene H. Yee, Reg. No. 57,471		(415)	576-0200
	Typed or printed name			ne Number
NOTE: one sig	Signatures of all the inventors or assignees of record of the enti- gnature is required, see below.	re interest or their repre	sentative(s) are required. Sul	omit multiple forms if more than
	Total of 1form is subr			